

Debtor(s)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
EMPLOYMENT: Occupation Name of Employer DISABLED How long employed Address of Employer	RELATIONSHIP Son Daughter	AGE 14 12
DEBTOR	SPOUSE	
SUPERVISOR CORESOURCE 400 FIELD DRIVE LAKE FOREST, IL 60045		

Income: (Estimate of average monthly income)	DEBTOR	SPOUSE
Current Monthly gross wages, salary, and commissions (pro rata if not paid monthly)	\$ _____	\$ <u>2,775.07</u>
Estimated monthly overtime	\$ _____	\$ _____
SUBTOTAL	\$ <u>0.00</u>	\$ <u>2,775.07</u>
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ _____	\$ <u>280.41</u>
b. Insurance	\$ _____	\$ <u>195.00</u>
c. Union dues	\$ _____	\$ _____
d. Other (specify) <u>401(K)</u>	\$ _____	\$ _____
	\$ _____	\$ _____
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>0.00</u>	\$ <u>475.41</u>
TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>0.00</u>	\$ <u>2,299.66</u>
Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
Social Security or other government assistance	\$ _____	\$ _____
(Specify) _____	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Other monthly income	\$ _____	\$ _____
(Specify) <u>Disability Policy Income</u>	\$ <u>2,172.00</u>	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ <u>2,172.00</u>	\$ <u>2,299.66</u>
TOTAL COMBINED MONTHLY INCOME \$ <u>4,471.66</u> (Report also on Summary of Schedules)		

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

BRADLEY NAUER IS PURSUING A WORKERS COMPENSATION CLAIM AND SHOULD RECEIVE COMPENSATION FOR HIS LOST EARNING ABILITY/BODILY INJURY. THAT CASE IS NOT YET SCHEDULED FOR TRIAL.

Debtor(s)

AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. *Pro rate* any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,495.00
Are real estate taxes included? Yes _____ No <input checked="" type="checkbox"/>	
Is property insurance included? Yes _____ No <input checked="" type="checkbox"/>	
Utilities: Electricity and heating fuel	\$ 250.00
Water and sewer	\$
Telephone	\$ 125.00
Other <u>CELL PHONE</u>	\$ 80.00
<u>SATELLITE</u>	\$ 80.00
Home maintenance (repairs and upkeep)	\$ 200.00
Food	\$ 500.00
Clothing	\$ 100.00
Laundry and dry cleaning	\$
Medical and dental expenses	\$ 150.00
Transportation (not including car payments)	\$ 300.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 150.00
Charitable contributions	\$ 75.00
Insurance (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's	\$ 75.00
Life	\$
Health	\$
Auto	\$ 200.00
Other	\$
Taxes (not deducted from wages or included in home mortgage payments)	\$
(Specify)	\$
Installment payments (in chapter 12 and 13 cases, do not list payments to be included in the plan)	
Auto	\$ 495.00
Other	\$
Alimony, maintenance, and support paid to others	\$
Payments for support of additional dependents not living at your home	\$
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
Other <u>CHILDREN'S SCHOOL EXPENSE MEALS ACTIVITIES</u>	\$ 76.00
<u>MAGAZINES</u>	\$ 20.00
	\$
	\$
	\$
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$ 4,371.00

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$ 4,471.67
B. Total projected monthly expenses	\$ 4,371.00
C. Excess income (A minus B)	\$ 100.67
D. Total amount to be paid into plan each <u>Monthly</u>	\$ 100.00
(interval)	

IN RE NAUER, BRADLEY A. & NAUER, SANDRA M.

Debtor(s)

Case No. 04-43675

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 2 sheets, and that they are true and correct to the best of my knowledge, information, and belief.
(Total shown on summary page plus 1)

Date: October 19, 2004

Signature:

BRADLEY A. NAUER

10-20-04
Debtor

Date: October 19, 2004

Signature:

SANDRA M. NAUER

10-20-04
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110(c).)

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedures may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.
(Total shown on summary page plus 1)

Date:

Signature:

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF MINNESOTA

In re:
Bradley A. Nauer
Sandra M. Nauer

Bky Case 04-43675 Chapter 13

UNSWORN CERTIFICATE OF SERVICE

Debtor(s)

The undersigned hereby certifies that on the 21st day of October, 2004, he served a copy of the Amended Schedules I & J and Declaration dated October 20, 2004 and Notice of Hearing and Modified Plan dated October 20, 2004, by placing said copy in a postpaid envelope addressed to the persons set forth below and on the attached distribution list, at the place and address stated thereon, which is the last known address, and by depositing said envelope and contents in the United States Mail at Elk River, Minnesota.



Shelden M. Vie

U.S. Trustee
1015 U S Courthouse
300 South 4th Street
Minneapolis MN 55415

Michael J. Farrell, Trustee
PO Box 519
Barnesville MN 56514

Bradley and Sandra Nauer
25789 18th Street West
Zimmerman MN 55398

Creditors on attached mailing list

General Casualty Co
One General Drive
Sun Prairie WI 53590-9334

Millenium Credit Cons
PO Box 18160
West St Paul MN 55118

JC Christensen & Associates Inc
PO Box 519
Sauk Rapids MN 56379-0519

Orthodontic Centers of America
PO Box 660435
Dallas TX 75266-0435

CENTERPOINT ENERGY
PO BOX 1297
MINNEAPOLIS, MN 55472-0061

CONNEXUS ENERGY
14601 RAMSEY BLVD
RAMSEY, MN 55303

CORESOURCE INC 401(K) PLAN
PO BOX 6179
WESTERVILLE, OH 43086-6179

ELK RIVER PHYSICIANS
C/O COLLTECH INC
PO BOX 44430
EDEN PRAIRIE, MN 55344

FAIRVIEW HEALTH SERVICES
PO BOX 147
MINNEAPOLIS, MN 55440

FAIRVIEW NORTHLAND CLINICS
PO BOX 9389
MINNEAPOLIS, MN 55440-9389

FORD CREDIT
PO BOX 88306
CHICAGO, IL 60680-1306

GMAC
PO Box 173793
DENVER, CO 80217-3793

HOUSEHOLD CREDIT SERVICES, INC.
PO BOX 5222
CAROL STREAM, IL 60197-5222

NOWCARE MEDICAL CENTERS
600 HWY 169 SUITE 670
ST LOUIS PARK, MN 55426

PARK DENTAL-CHAMPLIN
C/O PINNACLE FINANCIAL GROUP
7825 WASHINGTON AVE S #410
MINNEAPOLIS, MN 55439-2409

PHYSICIANS NECK & BACK CLINICS S
PO BOX 466
SPENCER, IA 51301

SHERBURNE COUNTY AUDITOR
13880 HWY 10
ELK RIVER, MN 55330

STAR TRIBUNE
C/O BUREAU OF COLLECTION RECOVERY
7575 CORPORATE WAY
EDEN PRAIRIE, MN 55344

TCF NATIONAL BANK
801 MARQUETTE AVENUE
MINNEAPOLIS, MN 55402

WELLS FARGO FINANCIAL
PO BOX 98798
LAS VEGAS, NV 89193-8798